

# **STRATEGIC PLAN FOR THE MITIGATION OF TOXIC STRESS IN INFANCY AND EARLY CHILDHOOD**

**Nebraska Early Childhood Comprehensive Systems Grant Program  
May 2015**

## **Background**

### ***Early Childhood Comprehensive Systems (ECCS) Grant***

In 2013, the Nebraska Department of Health and Human Services (NE DHHS) was awarded funding through the Early Childhood Comprehensive Systems Grant Program to address mitigation of toxic stress and trauma in infancy and early childhood. NE DHHS's project work plan included an objective to develop a strategic plan for building systems that address the needs of at-risk children ages 0 to 3 years through effective prevention and early intervention strategies.

The key strategic planning steps viewed as important for this project were:

1. Define a vision for a system of toxic stress mitigation for young children ages 0 – 3;
2. Assessment to identify Strengths, Weaknesses, Opportunities, Threats (SWOT analysis);
3. Strategic analysis to identify and prioritize major issues/goals;
4. Design major strategies to address issues/goals;
5. Establish action plans (objectives, resource needs, roles and responsibilities for implementation);
6. Record priorities, goals, strategies/programs and action plans in a Strategic Plan document; and,
7. Develop a yearly Operating Plan document.

This plan documents the completion of steps 1 – 6.

### ***Mitigation of Toxic Stress as a Public Health Issue***

What happens in early childhood can matter for a lifetime. To successfully manage future impacts, we must recognize problems and address them before they get worse. In early childhood, research on the biology of stress shows how major adversity, such as extreme poverty, abuse, or neglect can weaken developing brain architecture and permanently set the body's stress response system on high alert. Science also shows that providing stable, responsive, nurturing relationships in the earliest years of life can prevent or even reverse the damaging effects of early life stress, with lifelong benefits for learning, behavior, and health.

- Early experiences influence the developing brain. From the prenatal period through the first years of life, the brain undergoes its most rapid development, and early experiences determine whether its architecture is sturdy or fragile.

- Chronic stress can be toxic to developing brains. When we are threatened, our bodies activate a variety of physiological responses, including increases in heart rate, blood pressure, and stress hormones such as cortisol.
- Significant early adversity can lead to lifelong problems. Toxic stress experienced early in life can have a cumulative toll on an individual's physical and mental health.
- Early intervention can prevent the consequences of early adversity. Research shows that later interventions are likely to be less successful—and in some cases are ineffective. While there is no “magic age” for intervention, it is clear that, in most cases, intervening as early as possible is significantly more effective than waiting.
- Stable, caring relationships are essential for healthy development. Numerous scientific studies support these conclusions: providing supportive, responsive relationships as early in life as possible can prevent or reverse the damaging effects of toxic stress.

(Adapted from *InBrief – The Impact of Early Adversity on Children's Development*, found at [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu) on April 21, 2015)

## **Process**

On July 7, 2014, the NE DHHS convened a Toxic Stress Steering Committee to begin the work of developing a strategic plan for the mitigation of toxic stress and trauma in infancy and early childhood. The Steering Committee subsequently met during the months of August, October, November, and December 2014, and January, March, and April, 2015. Steering Committee members are listed in Attachment A.

The first 3 meetings focused on the concepts of collective impact as a model for addressing complicated issues, such as toxic stress in young children. The members also explored information on the impact of toxic stress on early childhood development and that of Adverse Childhood Experiences (ACEs) on lifelong health and wellbeing.

During the November 2014 meeting, a SWOT analysis was conducted (**S**trengths, **W**eaknesses, **O**pportunities, **T**hreats). The summary of this analysis is found as Attachment B. At the December 2014 meeting, Steering Committee members utilized the SWOT analysis to identify five key areas of focus for the strategic plan:

1. The message of toxic stress:
  - Education: establish a better understanding of toxic stress across the spectrum of audiences (families, providers, policy makers)
  - Community support to promote the message regarding toxic stress in young children
  - Publicity
  - Shared vision regarding the importance of preventing and mitigating toxic stress in young children.
2. Define the problem:
  - Data: incidents, scope
  - Input from communities, providers, families to define local problems
  - Costs of toxic stress

3. Optimize effective partnerships:
  - Identifying leadership/champions
  - Achieving sustainability over time, whether this grant still exists or not.
  - Engaging existing providers to share the common language and shared vision
4. Evidence-based strategies:
  - Prevention strategies
5. Infrastructure:
  - Resources development
  - Policies

At the January 2015 meeting, Steering Committee members began refining and prioritizing the areas of focus. Based on these deliberations, staff prepared a draft strategic plan document which was discussed, edited, and refined at the March 2015 meeting. During this meeting, the members developed a vision statement and agreed on and prioritized goal statements. A second draft of the strategic plan was prepared and reviewed at the April 2015 meeting, during which the members revised the vision statement, added guiding principles, and clarified language throughout. It was also determined appropriate to align this strategic plan to the System of Care strategic plan ([http://dhhs.ne.gov/behavioral\\_health/Pages/beh\\_systemofcare.aspx](http://dhhs.ne.gov/behavioral_health/Pages/beh_systemofcare.aspx)). A revised draft was prepared and sent electronically to members for final review and edits in late April. Comments were incorporated and the strategic plan finalized May 2015.

## **Strategic Plan**

### ***Vision Statement –***

The vision of the Toxic Stress Steering Committee’s Strategic Plan is: “Communities support and strengthen families, helping Nebraska’s children grow up happy, healthy, and successful.”

### ***Guiding Principles –***

The following principles shall guide the implementation of this strategic plan:

- All families deserve a community that nurtures them.
- Family-centered.
- Toxic stress in early childhood has lasting effects.
- Positive experiences and the absence of toxic stress allow maximum neuro-development.
- All kids should be able to grow up in an environment that helps them meet their potential.
- All families across Nebraska have access to quality services and support.
- All services and support are trauma informed and culturally and linguistically sensitive.
- Decision making is data driven and evidence informed.

### ***Goals –***

The overarching goal for this strategic plan is that Nebraska families, providers, and policy makers understand, prevent and reduce the impact of toxic stress on infants and young children. To better describe how Nebraska stakeholders can achieve this overarching goal, more specific goals have been established. Listed in priority order, these goals are:

1. Messages describing toxic stress and its impact on young children are clear and well understood and are readily available to families, providers, and policy makers.
2. Nebraska has suitable resources and policies that support systems and communities in effectively addressing toxic stress and its impact on infants and young children.
3. Nebraska system stakeholders have access to and utilize accurate data and research-based information on toxic stress to describe and address its impact on infants and young children in the state.
4. Nebraska system stakeholders implement mutually reinforcing evidence-informed and evidence-based strategies to prevent and reduce the impact of toxic stress on infants and young children.

### ***Strategies and Action Plan***

<b>Goal 1:</b> Messages describing toxic stress and its impact on young children are clear and well understood and are readily available to families, providers, and policy makers.			
<b>Strategies:</b> <ul style="list-style-type: none"><li>• Utilize qualitative methods to measure current levels of understanding and determine optimal methods for disseminating messages.</li><li>• Utilize social marketing concepts to develop/refine messages.</li><li>• Disseminate messages through methods appropriate for each audience.</li><li>• Carry out these strategies in collaboration with stakeholders, including families, using the collective impact model.</li></ul>			
Objectives	Action Steps	Timeline	Resources & Roles
<b>1.1</b> By October 1, 2015, conduct focus groups and key informant interviews with target audiences.	<b>1.1.1</b> Engage contractor to conduct focus groups & interviews.	6/1/15 - 7/1/15	Budget funds for contract, DHHS Early Childhood Comprehensive Systems (ECCS) staff; DHHS ECCS staff execute contract; Steering Committee members assist with identifying target audiences and developing focus group and interview questions; existing DHHS toxic stress brochures & videos incorporated into qualitative process.
	<b>1.1.2</b> Define target audiences.	7/1/15 - 9/1/15	
	<b>1.1.3</b> Contractor develops questions, schedules and completes work with groups and key informants.	9/1/15 - 10/1/15	
	<b>1.1.4</b> Findings summarized and report prepared.		
<b>1.2</b> By January 31, 2016, develop / refine messages utilizing	<b>1.2.1</b> Engage contractor to develop messages for each target audience.	9/1/15 - 10/1/15 10/1/15 - 11/15/15	Budget funds for contract, DHHS ECCS staff; DHHS

social marketing concepts.	<b>1.2.2</b> Messages developed using findings from Action Step 1.1.3. <b>1.2.3</b> Messages tested and refined. <b>1.2.4</b> Materials developed or existing materials modified.	11/15/15 - 12/31/15  12/31/15 - 1/31/16	ECCS staff execute contract; Steering Committee members assist with review of messages and materials. DHHS Communications staff facilitate final internal approvals.
<b>1.3</b> By March 1, 2016, disseminate messages to target audiences.	<b>1.3.1</b> Dissemination methods identified. <b>1.3.2</b> Methods approved and then executed.	1/15/16 - 2/15/16  2/15/16 - 3/1/16	Social marketing contractor recommends methods; Steering committee and DHHS Communications reviews/approves; DHHS ECCS staff disseminates.
<b>1.4</b> By July 1, 2016, assess effectiveness of messages and modify as needed.	<b>1.4.1</b> Assessment methodology developed. <b>1.4.2</b> Methodology implemented. <b>1.4.3</b> Messages modified as needed.	4/1/16 - 5/1/16 5/1/16 - 6/1/16 6/1/16 - 7/1/16	Steering Committee members and academic partners assist with developing assessment method; DHHS ECCS staff execute.
<b>Goal 2:</b> Nebraska has suitable resources and policies that support systems in effectively addressing toxic stress and its impact on infants and young children.			
<b>Strategies:</b> <ul style="list-style-type: none"> <li>Through literature review, identify policies needed to support effective systems.</li> <li>Conduct analysis of existing policies and supports.</li> <li>Utilize collective impact structure to effect needed changes.</li> </ul>			
<b>Objectives</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Resources &amp; Roles</b>
<b>2.1</b> By September 1, 2015, complete literature review.	<b>2.1.1</b> Engage a student intern to conduct review. <b>2.1.2</b> Literature review completed and summarized	7/1/15 - 8/1/15  8/1/15 - 9/1/15	DHHS ECCS staff identify student intern and budget for honorarium; Steering Committee suggests sources. Coordinate with System of Care (SOC) management team.
<b>2.2</b> By October 15, 2015, existing policies and supports	<b>2.2.1</b> NE statutes, regulations, programming, and	8/1/15 - 9/1/15	DHHS ECCS staff conduct reviews and scan in collaboration

analyzed and compared to findings of literature review.	administrative policies reviewed & summarized. <b>2.2.2</b> Environmental scan of system partners' policies & programming reviewed & summarized. <b>2.2.3</b> Findings of Action Steps 2.2.1 and 2.2.2 compared to literature review findings & conclusions documented.	8/1/15 - 9/1/15  9/1/15 - 10/15/15	with SOC management team, prepare summaries, and document findings of comparisons. Steering Committee members assist with environmental scan and identify key system partners to engage, including family members.
<b>2.3</b> By March 1, 2016, NE system partners launch mutually reinforcing activities to enhance policies and supports.	<b>2.3.1</b> Essential system partners identified and collective impact structure established. <b>2.3.2</b> System partners develop coordinated approaches to impact policies & resource allocation. <b>2.3.3</b> Mutually reinforcing actions deployed.	9/1/15 - 10/15/15  10/15/15 - 3/1/16  3/1/16 - 7/1/16	Steering Committee helps identify key system partners & family members and assists with establishing collective impact structure; DHHS ECCS staff provide backbone support in collaboration with SOC management team.
<b>Goal 3:</b> Nebraska system stakeholders have access to and utilize accurate data and research-based information on toxic stress to describe and address its impact on infants and young children in the state.			
<b>Strategies:</b> <ul style="list-style-type: none"> <li>Identify and define indicators based on best-practices for measuring risk factors for toxic stress and for the detrimental impacts it has on infants and young children.</li> <li>Collect indicators and analyze.</li> <li>Establish methods for disseminating data.</li> <li>Carry out these strategies in collaboration with stakeholders, using the collective impact model.</li> </ul>			
<b>Objectives</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Resources &amp; Roles</b>
<b>3.1</b> By October 15, 2015, indicators identified and defined.	<b>3.1.1</b> Engage a student intern to conduct literature review to identify potential indicators. <b>3.1.2</b> Indicators selected and "detail sheets"	7/1/15 - 8/1/15  8/1/15 - 10/15/15	DHHS ECCS staff engage intern; DHHS MCH Epidemiology staff provides technical assistance; Steering Committee members and SOC

	developed to define & describe indicators.		management team advise and review
<b>3.2</b> By February 1, 2016, data collected and analyzed for each indicator, report prepared.	<b>3.2.1</b> Student intern collects and analyzes data. <b>3.2.2</b> Report prepared and finalized.	10/15/15 - 12/1/15  12/1/15 – 2/1/16	DHHS MCH Epidemiology staff provides technical assistance; Steering Committee members and SOC management team advise & review; DHHS Communications assists with agency approvals
<b>3.3</b> By March 1, 2016, method for dissemination and use of indicators developed and launched.	<b>3.3.1</b> System partners determine optimal methods for accessing & using data in program planning & strategy development. <b>3.3.2</b> Dissemination completed.	1/1/16 – 2/1/16  2/1/16 – 3/1/16	Using collective impact structure, system stakeholders advise on dissemination & utilization methods; DHHS ECCS staff implement in collaboration with SOC management team.
<b>Goal 4:</b> Nebraska system stakeholders implement mutually reinforcing evidence-informed and evidence-based strategies to prevent and reduce the impact of toxic stress on infants and young children.			
<b>Strategies:</b> <ul style="list-style-type: none"> <li>Utilize collective impact model to mobilize system stakeholders and sustain collaborative actions.</li> <li>Establish and/or identify a clearinghouse on evidence-informed and evidence-based strategies for preventing and mitigating toxic stress and its impact on infants and young children.</li> </ul>			
<b>Objectives</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Resources &amp; Roles</b>
<b>4.1</b> By October 15, 2015, collective impact structure fully established.	<b>4.1.1</b> Essential system partners identified. <b>4.1.2</b> Collective impact structure established (also found as Action Step 2.3.1)	9/1/15 – 9/15/15  9/15/15 – 10/15/15	Steering Committee helps identify key system partners and assists with establishing collective impact structure; DHHS ECCS staff provide backbone support in collaboration with

			SOC management team.
<b>4.2</b> By January 1, 2016, clearinghouse on evidence-based & evidence-informed strategies identified or established.	<b>4.2.1</b> Conduct search of existing sources of information <b>4.2.2</b> Assemble sources in useable & accessible format, or utilize an existing consolidated resource	10/1/15 – 11/15/15  11/15/15 – 1/1/16	DHHS ECCS staff, with assistance of Steering Committee and SOC management team, identifies sources.
<b>4.3</b> By March 1, 2016, system partners identify mutually reinforcing actions to develop & implement evidence-informed, evidence-based strategies	<b>4.3.1</b> Work group(s) formed and potential actions explored. <b>4.3.2</b> Mutually reinforcing actions agreed upon & documented.	10/15/15 – 12/1/15  12/1/15 -3/1/16	Steering Committee & identified system partners, with DHHS ECCS staff as backbone support carry out action steps in collaboration with SOC management team.

### **Summary and Next Steps**

This strategic plan provides a blue-print for cross-system strategies to address the impact of toxic stress on infants and young children. The window for action is relatively short, it being the time period circumscribed by the current three-year Early Childhood Comprehensive Systems (ECCS) grant that expires July 31, 2016. Significant impact on service systems, policies, and infrastructure take longer and processes to measure that impact are not addressed in this plan.

Yet at the same time, this strategic plan, when fully implemented, will create the momentum and the potential capacity for continual collaborative efforts on the part of systems partners. The Nebraska Department of Health and Human Services thanks the members of the Toxic Stress Steering Committee in laying this groundwork, and for the continued interest in and support of the strategies to achieve Nebraska's vision of reducing toxic stress experienced by young children: *Communities support and strengthen families, helping Nebraska's children grow up happy, healthy, and successful.*



### Toxic Stress Steering Committee Membership

Name	Representing
Adams, Sue <i>Goracke, Jan [Alternate]</i>	NDHHS, Behavioral Health
Bloom, Ivy	NDHHS, Children & Family Services
Bohn, Katie	Boys Town, Nebraska Family Helpline
Bunnell, Amy	Nebraska Department of Education, Early Development Network
Carnazzo, M.D., Jane	American Academy of Pediatrics
DiRenzo-Coffey, M.D., Gina <i>Ruskamp-Hatz, Jody [Alternate]</i>	American Academy of Pediatrics
Dobrovolsky, Pam <i>Rother, Julie [Alternate]</i>	Early Childhood Interagency Coordinating Council
Eurek, Paula	NDHHS, Public Health
Glidden, Kay <i>Brown, Jenny [Alternate]</i>	Region 3, Behavioral Health
Harris, Cynthia	NDHHS, Behavioral Health
Kennedy-Goergen, Candy <i>Nicholson, Sara [Alternate]</i>	Nebraska Federation of Families for Children's Mental Health
Kotchian, Sarah Ann	Holland Children's Institute & member of Early Childhood Data Coalition
Leschinsky, Heather	NDHHS, Medicaid/Long Term Care
Luebbers, Joan	Nebraska Department of Education, Head Start
Medinger, Betty <i>Brehm, Lynne [Alternate]</i>	Nebraska Children & Families Foundation
Meisels, Samuel	Buffett Early Childhood Institute
Qu, Ming <i>Keyser-Metobo, Alison [Alternate]</i>	NDHHS, Public Health
Severe-Oforah, Jennifer	NDHHS, Public Health
Trudell, Roger <i>White, Kimberly [Alternate]</i>	Santee Sioux Nation, Tribal Chair
Verzal, Brandon	Nebraska Child Abuse Prevention Fund Board
Wills, Merry	Nebraska Commission on Law Enforcement and Criminal Justice

### Toxic Stress Steering Committee Support Staff

Name	Representing
Dang, Mai	NDHHS, Public Health
Mettler, Richard	NDHHS, Operations
ECCS Coordinator	NDHHS, Public Health

***Internal Strengths***

- Membership on the Toxic Stress Steering Committee (TSSC)
  - members bring diverse ideas to discussion
  - members participate in other initiatives
- Members are connected to External Opportunities.
- TSSC has people representing data systems to help us understand issues and continuously look at if there are changes.
- Data coalition report and recommendations already exist – carry out the recommendations i.e., Child Unique Identifier.
- Members support evidence-based, evidence-informed decision making.
- TSSC has backbone support in terms of facilitation and moving the work forward.
- TSSC creates an opportunity for a plan that did not exist before.
- Members bring a lot of expertise.
- Passion: We can't afford to fail!

***Internal Weaknesses***

- Busy schedules.
- Questionable targeted attention to racial/ethnic representation of 0-3 age children on the TSSC.
- Identify needs -
  - Have the children to be impacted been identified?
  - Are they already being served?
  - Identify shared services.
  - Geography.
- TSSC has yet to define workgroups.
- Lack of an information system tracking children 0-3 at risk, who are at risk in addition.
- Limited data regarding internal and external agencies that provide services and their impact.
- Timeline constraints and federal expectations.
- Needs to be assessed and resources addressed:
  - 0-3 issues
  - Parents
  - Early care professionals, care givers
- Define the problem: policy (legislature, availability, finance).
- Community support.
- New members have to catch up.
- Members have different ranges of understanding of the charge.
- Uneven familiarity with the evidence.
- Do members have a clear understanding of desired outcomes for children/families?

***External Opportunities***

- Partner with AAP and early literacy efforts to educate parents about bonding.
- Collect ACEs data on young families.
  - Surveillance
  - Teach a Kid to Fish
- Define and measure effects of toxic stress on the community level.
- Public Private Partnership:
  - Business Round Table
  - First Five

- Sixpence
- Professional education:
  - Screen
  - Acting/response
  - Parent education
- Need to pay attention to better integration and sharing of early childhood data.
- Once defined and effects of toxic stress measured: public education targeted to parents and parents-to-be.
- Partner with family physicians, patient-centered medical homes (i.e., early literacy on bonding).
- Partner with Step Up to Quality through professional development on toxic stress with child care professionals.
- Educate and engage newly elected policy makers.
- Surveillance: BRFSS 2015 ACE module in place.
- Partnerships:
  - Buffett Early Childhood Institute
  - Early Childhood Rooted in Relationship Leadership Team
  - Circle of Security (COS-P) trained providers
  - Child Parent Psychotherapy
  - Birthing hospitals' promotion of breastfeeding
  - PCIT, PIWI, Pyramid implementation across the State of Nebraska
  - Community Café's for parent engagement
  - Child well-being community work across the State of Nebraska
  - Prevention Partnership
  - Children's Commission and other state level opportunities
  - Home Visiting partnership needs to continue to collaborate
  - Connect or partner with Alternatives Response Efforts
- Election results pose opportunities.
- Promote the Protective Factors.
- Together for Kids and Families' base to continue this work.
- January release of Child Trends report on young children, First Five Nebraska.

### ***External Threats***

- The public doesn't understand what toxic stress is and why it matters in young children.
- Competition for available funds.
- Turf: either holding tight or giving the issue away.
- Lack of understanding of available services and interventions
- Medical/physical health vs behavioral health work – not always clear to the public.
- Who provides mitigation/prevention/intervention:
  - primary care providers
  - family sciences – this used to be part of high school classes
- Lack of evidence-based interventions.
- Need to institute EI Programs and Collect Data.
- Lack of public understanding of home visiting.
- Lack of public funding for Early Childhood Mental and Behavioral Health services.
- Recent election results pose threats.
- Sustainable funding is always a struggle.
- How do we educate on return on investment?
- We have a shortage of trained workforce in Early Childhood and Mental Health.